

2005-2006 TITLE I SCHOOLWIDE PLANNING SUPPORT TEAM NEEDS

School District _____ **District Code** _____

<u>Participating Schools</u>	<u>Poverty %</u>	<u>Support Team Option Desired (Please check one)</u>
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____
_____	_____	____Lezotte ____State Accred. T.A.* ____N. Central ____Other (Identify)_____

* Northern Michigan Learning Consortium, West Michigan Student Achievement Consortium

Superintendent's Signature _____ **Date** _____

Contact Person _____ **Phone:** _____ **Email:** _____

Please return this form no later than April 15, 2005 to:

Telephone: (517) 373-3921 Fax: (517) 335-2886

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